

CITY OF EASTHAMPTON

BOARD OF HEALTH

50 Payson Avenue Easthampton, MA 01027 (413) 529-1430 TEL (413) 529-1442 FAX



Application for Body Art Apprentice

Fee: \$50

1.	Name:
2.	Address:
3.	Mailing Address (if different from above):
4.	Date Of Birth:
5.	Telephone : Email:
6.	Identification (please attach copy to application):
	Type of Identification Card: ☐ State Drivers License ☐ State Identification Card
	License or Identification Card Number:(State and Number)
7.	Body Art Establishment Name:
8.	Body Art Establishment Address:
9.	Establishment Telephone:
10.	Body Art Establishment Owner:
11.	Trainer:
12.	Trainer Address:
13.	List of Prior Places of Employment as a Practitioner, if applicable:

0	Evidence of course completion in Prevention of Disease Transmission & Blood Borne Pathogen Training. (Applicant must show a dated certificate of completion for training course which fulfills the requirements of 29 CFR 1910.1030 et seq.)						
0	Current certification in First Aid/CPR.						
0	Aftercare procedures Signed letter of acceptance from Trainer (note: Trainer must apply and be accepted as a Trainer. Trainer application is affixed to this application).						
0							
15. Pro	vide the following for body piercing apprentices:						
C	Evidence of course completion in Prevention of Disease Transmission & Blood Borne Pathogen Training. (Applicant must show a dated certificate of completion for training course which fulfills the requirements of 29 CFR 1910.1030 et seq.)						
C	Current certification in First Aid/CPR.						
C	Provide documentation of a completed course on anatomy, or possess an equivalent combination of training and experience deemed acceptable to the Board of Health.						
C	Aftercare procedures						
C	Signed letter of acceptance from Trainer (note: Trainer must apply and be accepted as a Trainer. Trainer application is affixed to this application).						
-	tify, under pains and penalties of perjury, that to the best of my knowledge, the provided on this application is complete and accurate and not misrepresented in						
Date							
	Name (Print)						
	For office use only:						
	Date rec'd:						
	Cost:						
	Check #/cash:						
	Staff initials:						

14. Provide the following for tattoo apprentices:



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Application for Body Art Apprentice Trainer

Fee: None

1. Name: _____

2.	Address:			
3.	Phone #:			
4.	Body Art Establishment Name:			
5.	Body Art Establishment Phone #:			
6.	Body Art Establishment Address:			
7.	Please provided the following: O Proof of licensure for a minimum of the most recent 2 consecutive years with			
	no documented violations			
	O Copy of informed consent form that includes a statement that the procedure is being performed by an apprentice.			
	OBlank copy of log to maintain hours worked and actions performed by apprentice			
I unders	stand the following (please initial):			
	_ I am assuming responsibility for the apprentice throughout the training period. It is my ibility to ensure all procedures and practices are conducted in compliance with all applicable ons and codes.			
Apprent	I am responsible for providing the Health Department with the log of hours, completed ice Training Documentation Form, and informed consent forms (if requested) at the end of the iceship.			
perform	I am understand that I must maintain copies of the informed consent forms for all procedures ed by the apprentice for review upon request.			
I understand that Section 15, (E)(3) and Section 15, (E)(6) outlines what the training period shall include for Body Piercers and Tattoo Artists and I have received a copy of the required Body Art Apprentice Training Documentation Form.				

I understand that I will not have more apply for a second apprentice after one complete.	re than 1 apprentice during the initial year and that I may leted year.
I understand that during the apprer for any complaints lodged against the apprent	ntice training period, my permit will be held responsible cice.
I understand that I shall keep all sign procedures by the apprentice.	ned informed consent forms as proof of completed
Signed	 Date



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Body Art Apprentice Training Documentation Form

Approved Trainers must document successful completion of all procedures outlined in Section 15(E)(3) for Body Art Apprentices and 15(E)(6) for Body Art Piercing Apprentices. Additional notes, training, and documentation are encouraged to be added or attached. This form is required to be submitted at the end of the apprenticeship.

Body Art Apprentice

Procedures	Trainer Notes	Trainer Initials
Client consultation		1000000
Client health form		
Client disclosure form		
Client preparation		
Client informed consent		
Sanitation and safety precautions		
Implement selection and use		
Proper use of equipment		
Material selection and use		
Needles		
Pigments		
Machine		
Construction		
Adjustment		
Power supply		
Art, drawing, and portfolio		

^{*}Trainer may add additional procedures and/or attach additional notes, trainings, and/or documentation to this form.

Body Piercing Apprentice

Procedures	Trainer Notes	Trainer Initials
Client consultation		IIIILIAIS
Client health form		
Client disclosure form		
Client preparation		
Client informed consent		
Sanitation and safety precautions		
Implement selection and use		
Proper use of equipment		
Material selection and use		
Grade of jewelry		
Metals to use		

^{*}Trainer may add additional procedures and/or attach additional notes, trainings, and/or documentation to this form.